

**Hampden Imaging**21A HAMPDEN ROAD, NEDLANDS, WA 6009  
Phone: 08 6271 366017 July 2023  
ChestRad**To:** Modern Medical Clinics  
**Referred By:**  
Dr Troy Nunn  
SUITE 34/100 MURDOCH DRIVE  
MURDOCH WA 6150**Ms Tracy Harrington**  
**DOB:** 02 November 1965  
**UR:** GFD410Z  
**Our Ref:** 17816  
**Service Date:** 14 July 2023**Copies To:**  
Modern Medical Clinics**Examination:** CT CORONARY ANGIOGRAM**CT CORONARY ANGIOGRAM & CALCIUM SCORE**Conclusion:

1. Pericardial adhesions (between the parietal pericardium and the xiphisternum) and thickening of the sternopericardial ligaments, likely due to previous pericarditis. There is no pericardial effusion or anatomic change to suggest constriction.
2. No significant coronary stenosis, noting a 30% mid LAD stenosis.
3. Low absolute though intermediate to high relative (to age and sex) coronary plaque burden, qualitatively - a calcium score would distinguish between an intermediate and high relative score. There is no thick or macroscopically ulcerated non-calcified plaque.
4. Pulmonary angiogram and thoracic aortogram are normal.

Report:

Indication - chest pain post Pfizer the more than one year and GI upset, food intolerance. To exclude CAD, PE, pericarditis.

Pulmonary angiogram - the central and peripheral pulmonary arteries are normal in size and contour. There is no pulmonary arterial filling defect, web, stricture or cut-off to the sub segmental level.

Coronaries - RCA and circumflex are codominant. LAD and circumflex arise directly from the left coronary sinus with no true left main segment. A low absolute though high relative volume of plaque detectable coronary plaque, qualitatively, including foci calcified plaque within mid LAD. There is a 30% (cross-section lumen area reduction) mid LAD stenosis and in the other segments no more than minor lumen irregularity. No dissection.

Thoracic aorta - trileaflet nonsclerotic valve. 37 mm mid sinuses and 31 mm at the RPA level. Low absolute plaque burden, no thick non-calcified plaque or penetrant atherosclerotic ulcer. No dissection or intramural haematoma.

Other cardiac - no pericardial effusion and no thickening or hyperenhancement of the leaves of the pericardium. There are several short pericardial space adhesions anteroinferiorly (between the parietal pericardium and is if he sternal periosteum) as well as thickening of the sterno and costo-pericardial ligaments. No valve calcification. The aortic root

Extra-cardiovascular - no hiatus hernia and no oesophageal dilation. No manifestation of lymphadenopathy. No pleural abnormality. The central and small airways are essentially normal. No significant lung abnormality. The intervertebral disc spaces at T6-7 and T7-8 are moderately narrowed and there is a slight

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